

**STATE OF NEW YORK  
STATE BOARD OF ELECTIONS  
COMMITTEE STATEMENT OF AUTHORIZATION OR  
NON-AUTHORIZATION BY CANDIDATES**

(See instructions on reverse side)

New Statement        [   ]  
Amended Statement    [   ]

Committee Identification No.  
(To be assigned by the Board)

**NAME OF COMMITTEE:** \_\_\_\_\_

**A.** List in this Section those candidates who have **Authorized** the committee to aid or take part in their election (other than by making contributions). Provide name, office and district.

| DATE OF ELECTION | OFFICE & DISTRICT | LAST NAME | FIRST NAME |
|------------------|-------------------|-----------|------------|
| 1. _____         | _____             | _____     | _____      |
| 2. _____         | _____             | _____     | _____      |
| 3. _____         | _____             | _____     | _____      |
| 4. _____         | _____             | _____     | _____      |

**B.** List in this Section those candidates who have **not Authorized** the committee to aid or take part in their election (other than by making contributions).

| DATE OF ELECTION | OFFICE & DISTRICT | LAST NAME | FIRST NAME |
|------------------|-------------------|-----------|------------|
| 1. _____         | _____             | _____     | _____      |
| 2. _____         | _____             | _____     | _____      |
| 3. _____         | _____             | _____     | _____      |
| 4. _____         | _____             | _____     | _____      |

**VERIFICATION STATEMENT BY TREASURER**

I \_\_\_\_\_, being duly sworn, depose and say that the information in this statement is complete, true and correct.  
(Print Full Name of Treasurer)

Sworn to before me this \_\_\_\_\_ day

\_\_\_\_\_  
Signature of Treasurer

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Social Security # - (voluntary)

\_\_\_\_\_  
Number & Street Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
(Notary Public or Commissioner of Deeds)

## INSTRUCTIONS FOR COMPLETING FORM CF-03

(Please print or type in black ink)

1. All committees that are taking part in the campaign of any candidate by making direct expenditures on their behalf must complete this form. If your committee only makes contributions to candidates or to candidate committees, then you **DO NOT** complete this form. (e.g. PACs)
2. A. When you list a candidate's name in Section A, you are stating that the candidate authorized you to be one of their campaign committees for the election. This means that the candidate has affirmatively acknowledged, that you will be raising and spending money on the candidate's behalf. In other words, **the Authorization is determined by the candidate**. The mere fact that the candidate knows that you are conducting campaign activity on the candidate's behalf does not mean that you are an Authorized committee.  
  
**Note:** The candidate may need to file the Candidate Committee Authorization and Non-Expenditure Statement (CF-16).  
  
B. If you are not authorized as above, but are making direct expenditures on behalf of candidate(s), list the candidate(s) name(s) in Section B.
3. This form is required to be filed prior to the first election to which it relates, and will remain in effect for each subsequent election. However, if any information provided on this form changes, other than the year of election, then you must file an amended statement.
4. If this form does not provide enough spaces for candidates, then use additional sheets.
5. This form must be filed together with the Committee Designation of Treasurer and Depository (CF-02).
6. This form must contain original signatures. Facsimiles are not acceptable.
7. Social Security # - We are requesting your Social Security number to more precisely identify those persons who fail to comply with campaign finance disclosure requirements. Disclosure of this information is strictly voluntary.